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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>09/123253</i>	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
10	1						
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21	1						
22	1						
23	1						
24	1						
25							
26	6						
27	14						
28							
29							
30							
31							
32							
33							
34							
35							
36							
37	1						
38	1						
39	1						
40	1						
41	1						
42							
43							
44	1						
45	1						
46	1						
47	1						
48	1						
49							
50							
Total Indep	2						
Total Depend	44						
Total Claims	46						

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